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EDITORIAL

Hospitals — With Whose Money?

The Council of the California Medical Association has devoted much time in recent years to discussions of the pros and cons of building hospital facilities with public or with private funds. On two occasions the Council has directed the attention of the county medical societies to some of the cautions which should be observed before local societies or physicians succumb to the lure of "free money" for hospital construction.

Gist of the Council's twice-repeated suggestions has been that public funds for hospital construction should be used only as a last resort after all sources of private funds have been investigated and found unavailable.

Confirmation of the Council's attitude has just been furnished in a progress report of the Association's Committee on Rural Medical Service, which has been looking things over, including rural hospitals, in several areas of California. Without entering into the political or professional staff membership aspects of hospitals built wholly or partially with public money, the committee has uncovered some startling physical features in at least two such institutions.

One hospital recently completed a 28-bed addition of general beds and a maternity unit. Included in the maternity section is a completely-equipped obstetrical surgery, costing about \$25,000, which is to be used only for obstetrical cases. Designed to eliminate contamination, such a surgery might be an understandable feature of a large hospital. However, on the basis of about 250 deliveries per year in this hospital, and allowing for about five per cent cesarean deliveries, this costly feature will be used only a few times each year. Of course, it will be

available for circumcisions, which are not generally considered as requiring special facilities, even in large hospitals.

In another hospital, built with governmental funds, a 32-bed institution has been completely equipped with a modern laundry, which to date has not been used. If the unit were put into operation, the salaries of the operating personnel would cost two and one-half to three times the present laundry bill, using outside service. Here it is obvious that the taxpayers' money will lie dormant for an indefinite period, especially with the hospital census running 50 to 60 per cent.

In contrast to these two hospitals, the committee has surveyed a 25-bed hospital which was built entirely from private funds and used public money only in a small amount for equipment. In this instance a workable, although somewhat unusual, plant design has kept the hospital cost to a minimum and has permitted a highly successful and satisfactory operation for more than a year.

The committee's report summarizes the rural hospital construction situation by suggesting that local conditions and requirements should be the principal guides in building rural hospitals and that professional help in architecture, equipment and planning be called upon as supplementary aids only where local resources are not available. The report also suggests that governmental requirements in planning and construction may account for at least a part of the inefficient features or facilities of some of the hospitals built in whole or in part with public funds.

The Council's suggestion to "Stop — Look — Listen" may well be reiterated.